

09/183083

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 0983083	FILING DATE 02/15/19	APPLICANT(S)					
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				51		1					
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
9							59	1						
10							60							
11							61							
12							62							
13							63							
14							64							
15							65	1		1				
16							66		1		1			
17							67							
18							68							
19							69	cancelled		cancelled				
20							70	cancelled		cancelled				
21							71	cancelled		cancelled				
22							72							
23							73		1		1			
24							74		1		1			
25							75		1		1			
26							76		1		1			
27							77							
28							78		1		1			
29							79		1		1			
30							80		1		1			
31							81	1		1				
32							82		1		1			
33							83		1		1			
34							84		1		1			
35							85		1		1			
36							86		1		1			
37							87		1		1			
38							88		1		1			
39							89		2					
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2						TOTAL IND.	2		3				
TOTAL DEP.	48						TOTAL DEP.	11		18				
TOTAL CLAIMS	50						TOTAL CLAIMS	13		21				

PTO-1380 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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